

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035039

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 20

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10080

20080

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9199.2

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1290.2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 15 1963

1. PLACE OF DEATH a. COUNTY <b>BENTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>BENTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cole CAMP</b>		Length of stay in 1b <b>44 YRS.</b>	c. CITY OR TOWN <b>Cole CAMP</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SECOND ST.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>SECOND ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HAZEL MILDRED FAJEN</b>			4. DATE OF DEATH Month Day Year <b>OCT. 5 1963</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-29-1906</b>
9. AGE (last birthday) <b>56 YRS.</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE KEEPING</b>	11. BIRTHPLACE (City and state or country) <b>Cole CAMP, MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>HERMAN P. MEYER</b>	
13b. MOTHER'S MAIDEN NAME <b>WILHELMINE BOHLING</b>		14. NAME OF HUSBAND OR WIFE <b>CORNELIUS FAJEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		16. SOCIAL SECURITY NO. <b>1 JAY FAJEN</b>	
17. INFORMANT <b>RUSSELLVILLE, MO.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY PARALYSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>PULMONARY EDEMA</b> DUE TO (c) <b>CARCINOMATOSIS</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Dec. 19 62</b> to <b>Oct. 5<sup>th</sup></b> and last saw her alive on <b>Oct. 5<sup>th</sup></b> Death occurred at <b>4:35 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Arthur Gonzalez</b> (Degree or title)		22b. ADDRESS <b>Cole Camp Mo</b>	
22c. DATE SIGNED <b>10-7-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10-8-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>TRINITY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>Cole CAMP MO.</b>
24. FUNERAL DIRECTOR <b>Charles F. Fox</b> ADDRESS <b>Cole CAMP, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>10-8-63</b>	26. REGISTRAR'S SIGNATURE <b>E. E. Eckhoff</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 17 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles J. Fox

Licensed Embalmer No. 4610

P. O. Address Cole Camp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

97-2052 23 80-3-01